

Applicant/ Business								
Owner Name:								
Applicant/ Business Owner Address:								
Business Name:								
Business Address:								
Business Phone:				Email:				
Date the Business Began Operating:				***Number of Employees***:				
***What industry				***Was your				
sector are you in?***	business subject to							
Please provide the	capacity reduction							
NAICS code				during the COV				
1 11 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Pandemic***?	.5 .6			
Form of Ownership	S-Corp	C-Corp	LLC	Partnership	Sole		Other:	
(select one):					Proprie	etor		
IRS EIN or ITIN or			1	***Is the busine				
SSN#				51% or more				
				minority, womer	n,			
				and/or veteran				
				owned***:				
Provide a brief								
description of the								
business:								
Can you demonstrate								
a year-over-year								
business revenue loss								
on your 2020 or 2021								
taxes?								
Describe how the								
business will use the								
funds if awarded (see								
guidelines):								
ga.a.s								
***Describe the need								
and hardship faced by								
the business during								
the COVID 19								
emergency and how								
this grant will mitigate								
those impacts***.								

Question notated by an asterisk (***) correspond to scoring criteria. Please see the Guidelines for more details.

Please list all other Federal, State, and Local financial assistance that have been received since March 1, 2020, and the amount and date received:

Economic Injury Disaster Loan Advance Grant	
Economic Injury Supplemental Targeted Advance Grant	
SBA Shuttered Venue Operators Grant	
NYS Small Business Seed Funding	
COVID-19 Capital Costs Tax Credit	
Tourism Return-to-Work Grant Program	
Meet in New York Grant	
Restaurant Resiliency Program Grant	
Restaurant Return-to-Work Tax Credit	
Rental or Utility Arrears Programs	
Other (Describe)	
KNOWIEGGE. False statements made herein are punishable as a Cl York State Penal I aw	ss A misdemeanor pursuant to Section 210.45 of the New
York State Penal Law.	ss A misdemeanor pursuant to Section 210.45 of the New Date:
KNOWIEGGE. False statements made herein are punishable as a Cl York State Penal Law. Applicant's Signature:	
Applicant's Signature: Certify that there is no pending civil or criminal litig	Date:
York State Penal Law. Applicant's Signature:	Date:
Applicant's Signature: certify that there is no pending civil or criminal litig Applicant's Signature: certify that I have not received other federal, state	Date: Date: Date: Date:
I certify that there is no pending civil or criminal litig	Date: Date: Date: Date:

I certify that myself nor my business faces any suspension or disbarment from use of federal funds.

Applicant's Signature:		Date:
I certify that the business is not a franchise, or tha corporation.	t the franchise	is not a subsidiary of a larger
Applicant's Signature:		Date:
I certify that that the following comprises all membapplying for this grant:	ers, owners, a	nd officers of the business
Name:	Name: Name:	
Name:	Name:	
Name:	Name:	
Name:	Name:	
Applicant's Signature:		Date:
 Under Article 15-A of the New York State Exenterprise in which at least 51% is owned, operate resident aliens who are meeting the ethnic definition. Black: Persons having origins from any of Hispanic: Persons of Mexican, Puerto Rical American descent of either Native American Asian-Pacific: Persons having origins from Islands. Asian-Indian Subcontinent: Persons having Native American or Alaskan Native: Person of North America. 	xecutive Law, and controllons listed below the Black African, Dominican, an or Latin Ame the Far East, so	an MBE is a business led by citizens or permanent w: an racial groups. Cuban, Central or South erican origin, regardless of race Southeast Asia or the Pacific he Indian subcontinent.
Under Article 15-A of the New York State Exin which at least 51% is owned, operated, and coraliens who are women.		•
A VBE is defined as: at least 51% of the bus owned by one or more veteran(s) or service-disab Military.		-

Applicant's Signature (if Applicable only):	Date:			
I understand that this is a reimbursement grant and will not be reimbursed until all required				
documents submitted to the City of Newburgh are approved, and that acceptance of the grant				
may require agreeing to certain press or public relations activities.				
Applicant's Signature:	Date:			
State of)				
)ss.:				
County of)				
On theday of in the year, before me, the	undersigned notary public.			
personally appeared, personally known to me or proved to me on the				
basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within				
instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies),				
and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of				
which the individual(s) acted, executed the instrument.				
Notary Public				

City of Newburgh Use Only	City of Newburgh Signature	Date
Application Approved:		
Application Denied (Provide		
Reason):		

Application Packets must be delivered no later than 4pm, Friday July 28, 2023 to:

City of Newburgh
Office of Planning and Development

Mail to: 83 Broadway Drop at: 123 Grand Street
Newburgh, NY 12550 Newburgh, NY 12550

Program Summary:

Businesses will submit receipts and other required program documentation to receive reimbursement up to \$10,000 as a one-time payment to recoup profits lost during COVID-19. See Business Grant Guidelines for full information.

Eligible:

- Be a for-profit business based within City of Newburgh limits;
- Have 50 or fewer employees;
- Be registered to do business in the State of New York;
- Be independently owned and operated and not be dominant in its field of operation;
- Have been operating in the City of Newburgh prior to March 15, 2020;
- Not be facing any pending litigation or legal action; Not have any business owners, including all
 managing members and/or officers, who have been convicted of financial crimes within the past
 three years;
- Not have received alternate federal, state, or local grant funding to cover the same costs and/or uses included in the application;
- Not be suspended or debarred from the use of federal funds;
- Not be a franchise, unless the franchise is not a subsidiary of a larger corporation

Required Documentation

The following documentation is required for every application.

- Grant Application Form, notarized
- Copy of IRS W-9 Tax Form
- Copies of tax returns for the three most recent completed fiscal years the business has been in operation
- Two most recent business account bank statements
- Revenue Summaries for each of the following years: 2019 (if in business), 2020, 2021, and 2022.
- Proof of payroll to verify employee numbers and wages
- All other financial documentation that provides clear evidence or proof of revenue loss due to the
 negative impact of COVID-19 on the business (e.g., audits for 2019 through 2021; copies of invoices
 demonstrating an increase in cost of operations since January 31, 2020; past-due mortgage/rent
 statements; past-due utility bills; copies of invoices or evidence of pandemic-related expense
 incurred;
- Copies of reimbursable costs per the Eligible Use of Funds, if available